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ABSTRACT

This paper provides a brief review of the literature on traditional Chinese medicine in both China and the United States and presents observations from a preliminary study of Chinese practitioners in the Chinatown section of Los Angeles, California. The dualistic health care system in Chinese culture is described as comprising both scholarly and folk traditions, and the roles of both styles of practitioners in dealing with physical and sociopsychological problems are explored. Based on observation of medical professionals and herb speciality shops, interviews with traditional doctors and acupuncturists, and perusal of ads in local Chinese American newspapers, it is concluded that several types of alternative health care providers currently practice in Chinatown: (1) "Chinese-style doctors," mostly elderly, who rely on pulse diagnosis and treat patients with herbal medicines and dietary advice; (2) acupuncturists; (3) Chinese chiropractors or bone setters; (4) dispersers of herbs, tonics, and patent medicines; and (5) psychics. It is suggested that the continuing influx of Chinese immigrants, as well as the Chinese's tendency to seek to enhance their health status, contributes to the maintenance of the traditional health care sector in Chinese American communities. (GC)

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# ALTERNATIVE HEALTH CARE PRACTITIONERS IN A CHINESE AMERICAN COMMUNITY: A Preliminary Report of Findings

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The tension and changes accompanying the introduction of Western culture to China in the late 19th Century are probably most vividly illustrated in the field of medicine. Western medicine has not only exerted great impact on the indigenous medical system of China but also provoked incessant ideological and political debates that are outside the immediate realm of medicine itself. It is, for instance, identified as the very symbol of Western high technology on the one hand, feared as an immense threat to China's national pride and cultural identity on the other (Croizier 1975; 1976). The emergence of the two terms, "Chinese medicine" (chung-i) and "Western medicine" (Hsi-i) for the first time in Chinese history is but one example of China's awareness of her by-gone days of absolute cultural superiority (Croizier 1976:341).

However, in the last two decades, we have also witnessed an extensive revivalistic movement of Chinese medicine initiated by the People's Republic of China and increasingly echoed by Chinese societies outside the Communist regime (Dunn 1975; Kleinman 1980; Kleinman, et al. 1975; Lee 1975; Topley 1975; 1976). Among all the traditional healing arts of China, acupuncture has received the greatest international attention and curiosity.

It is against such historical background that we are posing the following questions regarding the health care system of Chinese communities in the United States: First of all, what kind of medical traditions have Chinese Americans brought with them to their new home? Secondly, do these traditions persist

well in a society charaterized by highly sophisticated and institutionalized medical care? Thirdly, are there any innovative or syncretist medical practices that are prompted by the ever changing demands of the public as well as pressure from a new environment? Finally, what is the future of alternative medical care likely to be? Are Chinese medical approaches gaining, holding, or losing ground in the States? Understanding that it is the people not the system that adapt and acculturate, we need to study alternative practitioners for some of the possible answers to these questions. We need to investigate what health care options, as represented by the practitioners, are available to Chinese Americans. We also need to look into how they cope with challenge posed by their Western counterparts and how they respond to medical developments in China, Taiwan, Hong Kong and other Chinese societies.

This paper does not intend to answer all these questions. Rather, it attempts to point out some research directions and to clarify possible misconceptions in order to help better approach these important questions. This paper will thus comprise two parts: The first part, literature review, will examine studies previously done on health care systems in urban Chinese and Chinese American settings. The second part will present some preliminary findings on Chinese American alternative health care. These findings will be based on my recent research on the Chinese community in Los Angeles.

## REVIEW OF RELATED LITERATURE

### Literature on Chinese Medicine and Medical Systems in Chinese Cultures:

Scholars with diverse perspectives and background have been paying more and more attention to medicine in Chinese societies. As regards what has been going on with traditional medical traditions at the community level, anthropologists and sociologists have made special contributions by providing us with first-hand accounts. Historians, on the other hand, have concentrated almost exclusively on either the institutional and theoretical developmnet of the scholarly tradition of classic Chinese medicine (Needham 1970a; 1970b; Porkert 1976; Unschuld 1979), or its modern fate under the reform of P.R.C. (Croizier 1975; 1976; Porkert 1976). Here, greater emphasis will be placed on literature produced by the former group.

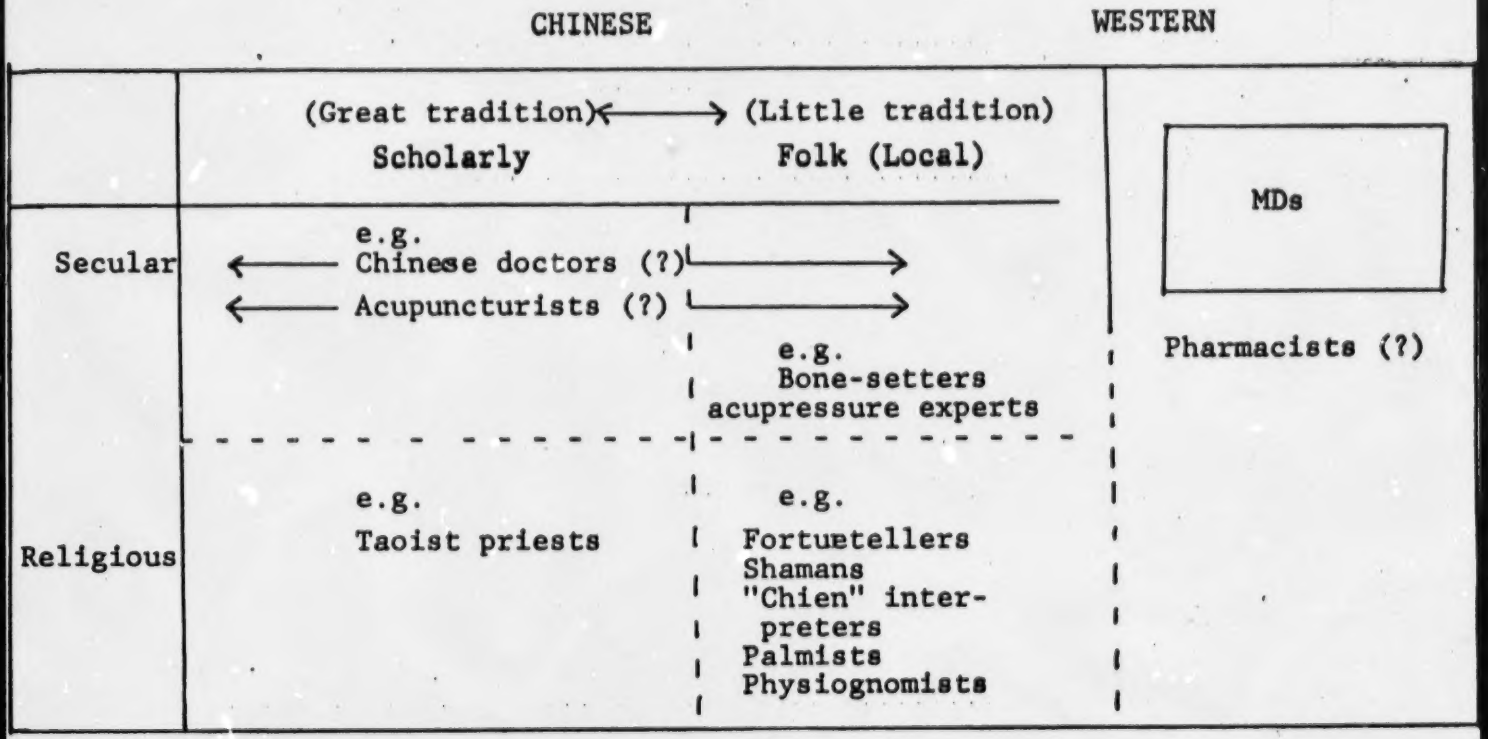
The dualistic health care system in Chinese cultures, as delineated by scholars, can be summarized in the following diagram (diagram 1). There are several interesting findings:

(1) Official Western medicine has formed the most clearly recognizable sector amongst all sorts of co-existing medical practices. This is largely due to the formal support of the local government, strict regulatory mechanisms and highly institutionalized professionalizing processes.

(2) Under the rubric of Western medical system, pharmacists seem to occupy a special niche not found in the West; i.e., they are active in providing medical consultations to clients (Kleinman 1980:62; Unschuld 1975:301).

DIAGRAM 1

HEALTH CARE SYSTEM IN CHINESE CULTURES: A SYNTHETIC MODEL




NOTE:
Dotted lines indicate the blurring of boundary.

(3) "Traditional" herb shops have taken the similiar role as Western-style pharmacists in at least two ways. Firstly they also offer medical consultations to their customers. Secondly, an increasing number of them are found selling Western drugs (Kleinman 1980; Lee 1975; Topley 1975; Unschuld 1976). However, only few anthropologists have noticed this phenomenon and, interestingly enough, have all been critical about it.

Both cases examplify the limitation of the conceptual framework employed by most social scientists which dichotimizes Western and "the other" medical traditions, as shown by my diagram. The boundary between Chinese and Western-style medicine can be blurring.

(4) As far as the secular sectors of traditional chinese medical systems are concerned, anthropologists have not been too clear or conscious about the relationships between scholarly and traditions. The either treat all types of Chinese doctors indiscriminatively as forming one category (Ahern 1975; Gale 1975) or emphasize too much on the strict distinction between scholarly and folk practitioners (Lee 1975; 1980). As Topley said about the dichotomy between great and little medical traditions and practitioners representing these two traditions in Hong Kong:

> From observation in Hong Kong, it is clear ... that the (folk) tradition is highly eclectic....Priests, spirit-medium, old women and even people regarding themselves as scholarly practitioners my all have a part to play and may even combine different kinds of treatment. (Also), with the emergence of institutions for public teaching..., some of the herbal remedies previously considered part of scholarly medicine ...have been abandoned by more 'modern' traditional specialists ... and are regarded...as part of 'folk' medicine. (Topley 1970:423-424)

(5) An increasing number of traditional-style practitioners of the literal tradition as well as other practitioners falling under the category of indigenous medical system are emulating Western-style practitioners by utilizing "scientific" equipments for diaganosis and treatment. As noted by Kleinmen, it is sometimes not so easy to tell if those modern-looking practitioners are more Chinese or Western. As for the scholarly secular doctors, there is further attempt to adopt fully the professionalizing precedures of official Western medicine. Schools, various kind of associations and certifying standards are set up in this effort. In sum, despite styles and nature of practices, practitioners outside the orthodox medicine are trying their very best to be as similar to it as possible (Kleinman 1980; Topley 1975; 1976).

(6) As far as the religious professionals are concerned, there is a general concensus among anthropologists (Ahern 1975; Kleinman 1980; Kleinman and Sung 1978; Martin 1975) that, because of their familiarity with local beliefs and customs as well as the patient's personal history and community, they treat sociopsychological problems quite efficiently. Moreover, there exist no conflict between Chinese sacred and secular practitioners, for the latter deal only with physiological troubles.

Literature on Health Care System in Chinese American Communities:

Literature in this area has been extremely meager. Most studies dealing with health care systems in Chinese American communities do not pay any attention to the non-Western type medical care (Campbell and Chang 1973; Gaw 1975; Homma-True 1975;

Lee 1979). The one exception is Hessler and his colleages' article on health seeking behavior of Boston Chinatowners. The treatment of the existence of traditional Chinese medical practitioners in the article is short. However, two types of doctors, one the regular Chinese doctor and the other Chinese-style chiropractor, are identified. According to their study, Chinese medicine is used widely by Chinatown residents despite the presence of Western-style clinics and hospitals in the neighborhood.

In sum, there exist in Chinese and Chinese American communities an array of medical services at the resident's disposal. In the following section, I will turn to some present findings about health care alternatives in Chinese communities of Los Angeles.

## HEALTH CARE OPTIONS IN L.A. CHINESE COMMUNITY: A PRELIMINARY REPORT ON SOME OF THE FINDINGS

Data contained in this part come from three sources:

(1) Observation of spatial distrubution of medical professionals and stores carrying medical herbs and patent medicines;

(2) Interviews with four Chinese-style doctors, two acupuncturists, and one store owner;

(3) Seventy-four medical ads collected from two vernaculars for Chinese Americans over the period of approximately one year.

Since my research on the health care system of the Chinese community in Los Angeles is in its initial stage, findings presented here are speculative and require further verification.

The purpose is to present a tentative picture of what the alternative practitioners are doing and what kind of health care options are open to Chinese in the Los Angeles area.

So far, several types of alternative health care providers have emerged from my data.

Regular Chinese-style Doctors:

There are about ten Chinese doctors in L.A. Chinatown. They seem to rely heavily on pulse diagnoses as their major diagnostic technique and usually treat patients with herbal medicine and advice on diet. All except for two are working as resident doctors in association with stores that sell primarily medicinal herbs, health foods and patent medicines. They either offer charity consultations or charge a very modest fee for their services. They prescribe drugs and the patients can fill them out right in the store. Both the owner of the shop and the doctor can benefit from this arrangement. The other two Chinese doctors own their own stores and sell non-medical goods along side herbs in order to make a living. All but one are over sixty years old and are new immigrants from Taiwan, Hong Kong and Vietnam. They are mostly semi-retired and practice medicine as a way of spending their old age and maintaining a sense of self-worthiness. Those that I interviewed admitted that a Chinese doctor can only make a very frugal life here and can hardly attain the glorious postion he once had in the home country. However, they do appreciate being needed by first generation Chinese and feel proud of being able to help. They also have a very positive attitude toward combining Chinese and

Western medicine.

Chinese Doctors: Acupuncturists

Despite the fact that the theorectical foundation of acupuncture and herbal treatment is one and that, ideally, a qualified doctor of Chinese medicine should familiarize himself with both approaches, most Chinese doctors tend to emphasize one of the two approaches. They usually form their own group and may even assume their own professional image. They differ greatly from the previous kind in treatment method as well as institutional appearance. Instead of affiliating themselves with herb shops or grocery shops, they all have their own offices and operate independently. Of the offices I have had a chance to observe, they bear resemblance to an MD's private office in that they have various electronic devices, diagrams and beds. Of the two interviews I have had with acupuncturists, three things are of special interest. Both are very responsive to the latest development in acupuncture techniques and devices in China, Japan and America. This is supported by their modern equipments and by newspaper ads by other acupuncturists emphasizing their modern devices for treament. Also, as one interviewee points out, many immigrant Chinese acupuncturists are attracting more non-Chinese clients. This may be due to their higher service fee and the publicity of acupuncture in America. Lastly, to better complete with other medical personnel, Chinese American acupuncturists have been heading towards cosmetic acupuncture and other innovative areas such as alcoholism and weight control. This new trend is also shown in the newspaper ads I have collected.

Chinese Chiropractors or Bone-setter

Though previous literature review shows that traditional bone-setters are one of the main medical manpower in Taiwan and Hong Kong, I fail to locate any doctor of this sort in Chinatown. However, their existence has been confirmed by two Chinese doctors who frequently refer patients with fracture or sprain problems to bone-setters in the vicinity. It is possible that these chiropractors are either not working full-time on this job or affiliated with Chinese martial arts schools.

Dispensers of Herbs, Tonics, Patent Medicines and Medicinal Teas:

There are two stores in L.A. Chinatown that carry exclusively medicinal herbs , six carry primarily traditional medicinal stuff, and at least eleven grocery shops and supermarkets that carry some patent medicines and health foods. Dispensers in these stores may give out medical advice upon customers' request. However, little information has been obtained concerning their role as health care providers. Studies cited in the literature review part regarding the role of pharmacists and herbalists may be suggestive.

Psychics

I also fail to locate any psychic's office in Chinatown but found two such offices in another Chinese community in Los Angeles. None of them seem to be full-time. One has a weekly column in a Chinese vernacular advising readers about life, marriage and handling of personal affairs. According to the newspaper ads I have collected, there are seven of them. They range from fortuneteller, palmists to 'bone feelers"(The bone feeler is usually blind and tells the

fortune of clients by feeling their bones, especially facial bones.) It is also not clear what kind of health care functions they have and what kind of clients they attract. According to the ads, they offer consultations in matters like marriage, career, health and school.

## CONCLUSION

Some points regarding the Chinese alternative health providers can be suggested here:

(1) Along with the increasing influx of Chinese immigrants to the United States is the increasing influx of alternative Chinese practitioners. Some may come to America to retire while others are here to start a career as a doctor. Age may be an important factor in determining how the practitioner perceive his role as a health care provider. It may also influence the way he will continue or discontinue Chinese medical tradition and adapt to the new environment. More alternative practitioners means tougher competition among themselves. Acupuncture, with its rising reputation, has probably provided younger practitioners a weapon to compete more favorably with Western practitioners for their patients. Acupuncturists may show more innovativeness and entrepreneurship in their attitude toward their profession.

(2) Chinese culture's emphasis on food therapy may be responsible to the booming of stores that carry great varieties of tonics and health food in China-Town. The never-ending desire of Chinese to strengthen their constitution in normal as well as ailing situations has been well documented (See for example, Kleinman, et al, 1975; Kleinman 1980; Lee 1980).

Also, the numerousness of stores carrying medicinal herbs and patent medicines in Chinese American community is worth further researching. It may be a sign of Chinese's preference for self-medication and for having control over the course of their own diseases.

It may be concluded that Chinese-style health care approaches and methods continue to prosper in Chinese American communities but more research is necessary to answer questions raised in the beginning of the paper.

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